Referral Form to CEDARR Family Centers
(Circle One)

	About Families	Empowered Families	Families First	Solutions CEDARR
Telephone:	365-6855	365-6103	444-7703	461-4351
Fax:	365-6860	365-6123	444-6115	461-4953

Child's Name: Galileo (Leo) Gonzales **DOB: 4/2/07**
Parent's/Legal Guardian Name: Wenceslao Gonzales **SS#:** ☒ Male ☐
Fema..

Address: PO Box 23078 Providence, RI 02903 **Home Phone: 808-1561 Anna Dickinson (foster parent) 274-1122 ext 1520 (work)**
Primary Language: English **Work/ Cell Phone:**
Best Number and Time to Contact
anytime

☐ Rite Care	☒ Neighborhood :	☐ Rite Share	☐ Commercial:
Policy:	1114749-00	Policy:	Policy:
	☐ United		Group
	☐ Blue Chip		

Reasons for Referral/Presenting Problem/Diagnosis

Family is Interested In

☒ **Kids Connect** ☐ **HBTS** ☐ **PASS**

☐ **Assistance with accessing services for:** ____

Level of Urgency: ☐ **Routine** ☐ **Urgent** **XEmergency**

Involvements (such as EI, DCYF, Doctor, PPEP, Special Ed., etc.)

Referral Source Information:

Name: Kelly Richman **Fax : 921-5493**
Agency/Program: Crayons Early Care and Education Center, inc. **Email: krichman@trudeaucenter.org**
Telephone: 739-2700 ext 209

I have read the above information and I am in agreement with the referral. I understand that the above-mentioned CEDARR Center will be contacting me in the near future to schedule an assessment, work with me to develop a plan and if I wish will assist me in coordinating services for my child. **

Parent/Guardian Signature **Date**

Kelly Richman LICSW — 8/2/10
Referral Personnel Signature **Date**

**In the absence of signatures, attach a release of information.
*** Currently Medicaid is the only insurance covering CEDARR Family Center Services. If a family does not have Medicaid there is an option to pay for services privately. If there are any questions regarding payment speak with staff at a CEDARR Center.

FOR CEDARR CENTER TO COMPLETE

Intake Reviewed/ Completed By: _____ Date: _____

Date Call Returned: _____ Appointment Date/Update: _____

Family Counselor: _____ Family Service Coordinator: _____

Gonzales Guardian Name: Wenceslao SS#:

KIDS CONNECT PLAN DATA SHEET

Please complete this sheet for each Kids Connect Treatment Integration Plan (TIP) being submitted for consideration.

KIDS CONNECT-AGENCY SECTION

Provider's Corporate Name: Crayons Early Care and Education Center, Inc.

Date TIP was developed: 8/3/10

Kids Connect Clinical Supervisor: Kelly Richman

Contact Person's Telephone: 739-2700 ext 209 **Fax: 921-5493**

Contact Person's Email Address: krichman@trudeaucenter.org, or dbankauskas@trudeaucenter.org for Crayons Director

Therapeutic Integration Specialist(s):

Kids Connect Nurse (If applicable): NA

CEDARR FAMILY CENTER SECTION

Referring CEDARR Family Center: Solutions CEDARR

CEDARR Family Center Licensed Clinician: To be determined

Telephone Number: 461-4351 **Fax Number: 921-5493**

CHILD SECTION

Child's First and Last Name: Galileo Gonzales MID#:

Child's Date of Birth: 4/2/07 **Child's Age (Years/Months): 3 years/4 months**

Parent/Guardian's Name: Wenceslao Gonzales, Anna Dickinson (foster parent)

DIAGNOSIS

AXIS I	**Description: To be determined**
AXIS II	**Description:**
AXIS III	**Description:**
AXIS IV	**Description:**
AXIS V	**Description:**

Where's the true mother's name? Is the foster mother more important than the real mother? Symbolic taunts at their best, very unprofessional!

KIDS CONNECT PLAN INFORMATION

Kids Connect Plan Type: New Plan

Kids Connect Start and End Dates:

Revised 5/06

KIDS CONNECT THERAPEUTIC INTEGRATION PLAN (TIP)
NAME OF KIDS CONNECT AGENCY

Child's Name: Galileo (Leo) Gonzales **MID:**

DOB: 4/2/07 **Child's Age:** 3 years old

Plan Start and End Dates:

CEDARR Family Center: Solutions CEDARR

When completing the TIP, use your CEDARR CENTER Family Care Plan (FCP) and Initial Family Assessment (IFA) as a reference.

Background information relating to child's past difficulties attending regular day care including current situation:

Galileo is a three year old male who currently resides in a foster placement with his older brother. Galileo is in the process of thorough evaluations to determine a diagnosis. At the present time, Galileo has two rule out diagnoses, PTSD and ADHD. Galileo is currently at Precious Years daycare center. Anna Dickinson, Galileo's foster mother explained that Galileo and his brother are in the same classroom at Precious Years, which she does not see as beneficial for Galileo. Currently, Galileo receives speech services for increased communication, as Galileo has little verbal communication. Due to this Galileo is easily frustrated and has been presenting with stating "no" and often throwing items when he is unable to make his needs known. Anna would like Galileo to receive Kidsconnect services to focus on socialization, increased verbal communication and frustration tolerance.

Nothing which is biased is thorough.

This statement is absurd, it shows denial on the part of DCYF.

As a child Anna was very cold and unloving, Ask her father,

Anna needs help in this, not our boys.

of course she would!

Normal Toddler behavior.

Additional relevant changes impacting the child's participation in the Kids Connect Program (not included in the IFA or FCP):

For Renewals: Brief narrative describing child's adjustment to the center, staff and peers. Include any information regarding the child's treatment in the Kids Connect Program.

Domain: Cognitive

Goal from CEDARR Family Care Plan: To be completed

Goal from Kids Connect Agency: Galileo will expand his ability to use words and pictures to communicate, and follow directions within his daily routine.

Authorization period: six months

Strengths (from FCP): To be completed

Issues (from FCP): To be completed

Activity during daycare time: All

Galileo's "family" (foster) Is the problem!

Objective	Interventions	Methods of Measurement
1 Galileo will add a) 10 b) 20 words, or pictures to those he can use spontaneously at school, which would be understood by two different listeners, as seen over six months. He needs a loving, nurturing environment in order to successfully implement anything that he learns.	1 TIS and Classroom staff will work with Galileo's family to help Galileo express needs, wants and protests appropriately. They will model, with his peers, words that are pertinent to the activities and routines of his day.	1 TIS will note, on his daily communication sheet, words/ approximations that Galileo used in the day and the staff to whom he communicated. TIS will note whether he used them spontaneously or in imitation. ↑ small children learn by imitation, they should not be penalized for a normal process.
2 Galileo will follow one step directions within his school day given just the verbal cue, as seen over 80% of opportunities within a one month period.	2 TIS and classroom staff will offer Galileo lots of opportunities to follow directions in the day. They will make sure they have his attention as they give the direction, but only give additional visual or demonstration cues if needed. Cues will fade as the routine and directions become more familiar.	2 TIS will note, twice weekly, the level of support Galileo needed to follow one step directions accurately. Cues will range from 1. Independent with just the verbal direction, to 2. One visual cue, to 3. Repeated cues.

Six Month Progress Update (include both qualitative and quantitative information):

Child's Name: Galileo (Leo) Gonzales
Parent's/Legal Guardian Name: W Gonzales DOB

Domain: Life Skills

Goal from CEDARR Family Care Plan: To be completed

Goal from Kids Connect Agency: Galileo will proceed successfully through the toileting and hand washing routine given adult monitor with visual and verbal cues, and transition safely throughout the school day.

Authorization period: six months

Strengths (from FCP): To be completed

Issues (from FCP): To be completed

Activity during daycare time: All

Is this why their nails are dirty on visits? They need KidConnect to learn these things?!

Objective	Interventions	Methods of Measurement
1 Galileo will proceed through the toileting/hand washing process successfully (?) given adult monitor and occasional verbal cues, as seen over 80% of opportunities within a one month period of time.	1 Galileo will be encouraged to go into the bathroom, undress, sit, wipe, flush, and wash hands given adult monitor of the process.	1 TIS will note twice weekly, the cues needed for Galileo to complete the toileting/hand washing process. Cues will range from adult monitor with occasional cues, moderate cues to strong cues
2 Galileo will transition throughout the preschool schedule without incident (wandering from the group) given adult monitor and peer buddy as observed over 100% of opportunities during a one month period.	2 TIS and classroom staff will review the classroom rules with Galileo prior to leaving the room with a buddy or an adult. Galileo will be praised for appropriate boundaries and with staying with his peers during transitions. An agency is necessary for this?!	2 TIS will record the cues needed for Galileo to stay with the group. Cues will range from 1. Transitioned independently, 2. Transitioned with visual and verbal cues, 3. With strong cues.

Six Month Progress Update (include both qualitative and quantitative information):

Address: PO ... Guardian Name: Wenceslao ... DOB

Domain: Social/ Peer

Goal from CEDARR Family Care Plan: To be completed

Goal from Kids Connect Agency: Galileo will engage with the peers and materials of his daycare community given reduced cues.

Authorization period: six months

Strengths (from FCP): To be completed

Issues (from FCP): To be completed

Activity during daycare time: Play

Galileo has done this on visits,

Objective	**Interventions**	**Methods of Measurement**
1 Galileo will independently walk to a preferred toy or activity and join peers to play with the same materials, given the materials and peers as incentive, as seen over 80% of opportunities within a one month period. We have seen Galileo wave to other children when we used to go to the DCYF building, so this is a fictional goal.	1 The TIS and classroom staff will invite Galileo into play by asking him to join and leading him over. The adults will give initial cues, and then reduce cues as the peers and toys become enough incentive for Galileo to feel comfortable joining. Galileo will be praised for joining the group, and strong peer models will be present to help him continue play.	1 TIS will note twice weekly, the cues needed for Galileo to join peers in play at a toy or activity. Cues will range from him coming over independently, to a verbal invitation, to stronger cues.

Six Month Progress Update (include both qualitative and quantitative information):

CURRENT INVOLVED AGENCIES

The following organizations/ individuals will be involved in coordination with this Therapeutic Integration Plan. At any time that it is possible, the goals and techniques used as a part of this plan will coincide with the child's school and/or home routine in an effort to create continuity for the child throughout their day.

Agency	Contact	Phone #
Crayons Early Care and Education Center, inc.	Kelly Richman, Deb Bankauskas	739-2700 ext 209
DCYF	Heather Fogg	294-5327
Solutions CEDARR	To be determined	461-4351

Each contact needs to have a signed release present in the child's chart in order to allow communication between Kid's Connect and the identified agency. A release for the School and the CEDARR Family Centers is required for all cases.

02903 ...ss: PO Box 230... ...Wenceslao DOB...
Prim...

Daily Schedule and Parent Communication

Weekly Schedule of Hours for Therapeutic Services

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total Hours	[redacted]	

Weekly Schedule of Hours for Nursing Services

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total Hours	[redacted]	

Additional Requested Hours for Services

	Hours/Day	# of Days
School Vacation		
Summer Vacation		
Professional Days		
Holidays		
Snow Days		
Total Hours		

Is Anna the parent?!

Parent Communication

Very amusing! What about us? This is the person who has accused us falsely of child abuse TWICE! This is the person (TIS) who caused the removal of our children.

Communication will occur between Anna Dickinson, (Parent) and _____

on a daily (Frequency) basis by verbal/written (Method) communication.

_____ Date

...ure

Ki... Revis...

_____ Date

Clinician

Address: PO Box 23078 ... Name: Wenceslao ... DOB:
02903
Prim...

Referral Form to CEDARR Family Centers
(Circle One)

	About Families	Empowered Families	Families First	Solutions CEDARR
Telephone:	365-6855	365-6103	444-7703	461-4351
Fax:	365-6860	365-6123	444-6115	461-4953

Child's Name: Wenceslao Gonzales **DOB: 1/6/05**
Parent's/Legal Guardian Name: Wenceslao Gonzales **SS#:** ☒ Male ☐ Female

Address: PO Box 23078 Providence, RI 02903 **Home Phone: 808-1561 Anna Dickinson (foster parent) 274-1122 ext 1520 (work)**
Primary Language: English **Work/ Cell Phone:**
Best Number and Time to Contact anytime

☐ RIte Care
Policy:

☒ Neighborhood : 039-70-4892
☐ United
☐ Blue Chip

☐ RIte Share
Policy:

☐ Commercial:
Policy:
Group

Reasons for Referral/Presenting Problem/Diagnosis

Family is Interested In

☒ Kids Connect ☐ HBTS ☐ PASS
☐ Assistance with accessing services for: ____

Level of Urgency: ☐ Routine ☐ Urgent XEmergency

Involvements (such as EI, DCYF, Doctor, PPEP, Special Ed., etc.)

Referral Source Information:

Name: Kelly Richman **Fax : 921-5493**
Agency/Program: Crayons Early Care and Education Center, inc. **Email: krichman@trudeaucenter.org**
Telephone: 739-2700 ext 209

I have read the above information and I am in agreement with the referral. I understand that the above-mentioned CEDARR Center will be contacting me in the near future to schedule an assessment, work with me to develop a plan and if I wish will assist me in coordinating services for my child. **

_____ _____
Parent/Guardian Signature **Date**

Kelly Richman LICSW _____ 8/2/10
Referral Personnel Signature **Date**

****In the absence of signatures, attach a release of information.**
***** Currently Medicaid is the only insurance covering CEDARR Family Center Services. If a family does not have Medicaid there is an option to pay for services privately. If there are any questions regarding payment speak with staff at a CEDARR Center.**

DARR CENTER TO COMPLETE

Completed By: _____ Date: _____

_____ Appointment Date/Update: _____

_____ Family Service Coordinator: _____

Ki
Revis

ress: PO Box 23078 P ... Wenceslao DOB: SS#
02903
Prima...

KIDS CONNECT PLAN DATA SHEET

Please complete this sheet for each Kids Connect Treatment Integration Plan (TIP) being submitted for consideration.

KIDS CONNECT-AGENCY SECTION

Provider's Corporate Name: Crayons Early Care and Education Center, Inc.
Date TIP was developed: 8/3/10

Kids Connect Clinical Supervisor: Kelly Richman

Contact Person's Telephone: 739-2700 ext 209 **Fax: 921-5493**

Contact Person's Email Address: krichman@trudeaucenter.org, or dbankauskas@trudeaucenter.org for Crayons Director

Therapeutic Integration Specialist(s):

Kids Connect Nurse (If applicable): NA

CEDARR FAMILY CENTER SECTION

Referring CEDARR Family Center: Solutions CEDARR

CEDARR Family Center Licensed Clinician: To be determined

Telephone Number: 461-4351 **Fax Number: 921-5493**

CHILD SECTION

Child's First and Last Name: Wenceslao Gonzales **MID#.**

Child's Date of Birth: 1/6/05 **Child's Age (Years/Months): 5 years/7 months**

Parent/Guardian's Name: Wenceslao Gonzales, Anna Dickinson (foster parent)

DIAGNOSIS

AXIS I	**Description: To be determined**
AXIS II	**Description:**
AXIS III	**Description:**
AXIS IV	**Description:**
AXIS V	**Description:**

Here we go again! The real mother erased from the picture, just like Anna dreams.

KIDS CONNECT PLAN INFORMATION

Kids Connect Plan Type: New Plan

Kids Connect Start and End Dates:	**9/3/10-3/3/11**

Revised 5/06

02903 PO Box 23078 Wenceslao DOB:
Prima

KIDS CONNECT THERAPEUTIC INTEGRATION PLAN (TIP)
NAME OF KIDS CONNECT AGENCY

Child's Name: Wenceslao Gonzales **MID:**

DOB: 1/6/05 **Child's Age: 5 years old**

Plan Start and End Dates: 9/3/10-3/3/11

So the plan is to continue this lunacy for 3 years! (2008-2011) Two children taken away without an investigation, and separated from their parents for 3 years! with absolutely no due process!

CEDARR Family Center:Solutions CEDARR

When completing the TIP, use your CEDARR CENTER Family Care Plan (FCP) and Initial Family Assessment (IFA) as a reference.

Background information relating to child's past difficulties attending regular day care including current situation:

Wenceslao is a five year old male, currently residing in a foster placement with his younger brother. Wenceslao has been attending Precious Years Daycare Center, and has been presenting with difficult behaviors. Anna Dickinson, Wenceslao's foster mother described that Wenceslao has little verbal communication, and is easily frustrated due to this. When Wenceslao becomes frustrated he will often throw and hit. As described by Anna, Wenceslao has little socialization skills, and prefers to play alone. Anna would like Wenceslao to be in a pre-school setting that provides additional support to assist with communication, socialization, management of frustration/disappointment, and transition issues. We are hopeful that with the support of a Kidsconnect plan that Wenceslao can become an active participant in the pre-school program.

wow! such valid testimonials our main accuser who has been trying to label wencito since 2006!

or perhaps he has been through difficult situations.

To me the throwing and hitting sounds like an exaggeration. Anna and her sister used to beat each other black and blue (with punches and kicks) when they were small, and no one did this to them. so why is our son being vilified through the exaggeration of a behavior which Anna has conditioned him to exhibit?

Additional relevant changes impacting the child's participation in the Kids Connect Program (not included in the IFA or FCP):

There is already a pre-determined goal to place some label on wencito. So there is no chance for wencito to come out of this with no label.

Wenceslao is currently involved in a sensory evaluation and educational evaluation. DCYF worker, Heather Fogg explained that once these evaluations are completed, that Wenceslao should have a definitive diagnosis. Currently Wenceslao has a Rule Out diagnosis of PTSD.

So if trauma is a "disease", our accusers and DCYF are now trying to remedy a so-called "disease" which they have caused, and continue to worsen. How can you "cure" what you continue to prolong?

For Renewals: Brief narrative describing child's adjustment to the center, staff and peers. Include any information regarding the child's treatment in the Kids Connect Program.

02903 ... PO Box 230... Wenceslao DO
Prim...

Domain: Cognitive

Goal from CEDARR Family Care Plan: To be completed

Goal from Kids Connect Agency: Wenceslao will expand his ability to use words, and pictures to communicate throughout his preschool day, and learn to deal with frustration/disappointment appropriately.

Authorization period: six months

Strengths (from FCP): To be completed

Issues (from FCP): To be completed

Activity during daycare time: All

Objective	**Interventions**	**Methods of Measurement**
1 Wenceslao will add a) 10 b) 20 words, or pictures to those he can use spontaneously at school, which would be understood by two different listeners, as seen over a six month period. what happened to his polyglot vocabulary? what happened to all that he once knew?! wencito does not have pronounciation problems.	1 TIS and Classroom staff will work with Wenceslao to help Wenceslao express needs, wants and protests appropriately. They will model, with his peers, words that are pertinent to the activities and routines of his day.	1 TIS will note, on his daily communication sheet, words/ approximations that Wenceslao used in the day and the staff to whom he communicated. TIS will note whether he used them spontaneously or in imitation.
2 Wenceslao will deal with frustration/disappointment without exhibiting aggression, given a moderate level of adult support as observed during 80% of opportunities given a consecutive three month period. wencito is not an aggresive child, Anna obviously has been doing some conditioning.	2 TIS will model techniques to be used that teach Wenceslao how to deal with frustration appropriately. TIS will offer frequent praise/ de-escalation techniques (sensory activities, quiet book area for "taking a break") as frustration emerge.	2 TIS will record on this objective daily noting the level of adult support needed 1. minimal support, 2. moderate support, 3. continual support
3	3	3

Six Month Progress Update (include both qualitative and quantitative information):

Domain: Life Skills

Goal from CEDARR Family Care Plan: To be completed

Goal from Kids Connect Agency: Wenceslao will follow one step directions throughout his school day.

Authorization period:

Strengths (from FCP):

Issues (from FCP):

Activity during daycare time:

Objective	Interventions	Methods of Measurement
1 Wenceslao will follow one step directions within his school day given just the verbal cue, as seen over 80% of opportunities within a one month period.	1 TIS and classroom staff will offer Wenceslao lots of opportunities to follow directions in the day. They will make sure they have his attention as they give the direction, but only give additional visual or demonstration cues if needed. Cues will fade as the routine and directions become more familiar.	1 TIS will note, twice weekly, the level of support Wenceslao needed to follow one step directions accurately. Cues will range from 1. Independent with just the verbal direction, to 2. One visual cue, to 3. Repeated cues.

Six Month Progress Update (include both qualitative and quantitative information):

Domain: Social/ Peer

Goal from CEDARR Family Care Plan: To be completed

Goal from Kids Connect Agency: Wenceslao will engage in structured play with peers, given cues reduced to minimal cues as the routines become familiar.

Authorization period: six months

Strengths (from FCP): To be completed

Issues (from FCP): To be completed

Activity during daycare time: Play

what if Wenci'to does not like a specific toy or game? will he be penalized for it? will his personality not be taken into account? Cannot children have their own tastes!

Objective	Interventions	Methods of Measurement
1 Wenceslao will engage (for at least two minutes) in a new social game or play activity, given moderate support, as seen as above. He used to do this with his brother Galileo all the time, when he was with us.	1 TIS and classroom team will work to engage Wenceslao in new games or play activities each week. We do not even know what you are talking about! Wenci'to was the type of child that would get bored with the same toys (with the exception of his writing board). He always had to use his mind.	1 TIS will record, twice weekly, the level of support needed for Wenceslao to engage in a new game or play activity, and list those tried or completed. Support will range from 1. occasional 2. moderate cues 3. strong cues
2 Wenceslao will transfer away from a preferred activity, given minimal visual and verbal cues (first- then), as seen 80% of the time over one month of recordings	2 Classroom staff and TIS will give a visual and verbal warning one minute before the current activity is to end, and then support Wenceslao with a First-Then picture board as needed to confirm what is happening next. Wenceslao will receive praise and strong attention for proceeding to the next task.	2 TIS will record, twice weekly, the level of support needed for Wenceslao to transition from a preferred activity. Range will be 1. left given group cues 2. minimal cues 3. moderate to strong cues.

Six Month Progress Update (include both qualitative and quantitative information):

CURRENT INVOLVED AGENCIES

The following organizations/ individuals will be involved in coordination with this Therapeutic Integration Plan. At any time that it is possible, the goals and techniques used as a part of this plan will coincide with the child's school and/or home routine in an effort to create continuity for the child throughout their day.

Agency	Contact	Phone #
Crayons Early Care and Education Center, inc.	Kelly Richman, Deb Bankauskas	739-2700 ext 209
DCYF	Heather Fogg	294-5327
Solutions CEDARR	To be determined	461-4351

Each contact needs to have a signed release present in the child's chart in order to allow communication between Kid's Connect and the identified agency. A release for the School and the CEDARR Family Centers is required for all cases.

Daily Schedule and Parent Communication

Weekly Schedule of Hours for Therapeutic Services

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total Hours	[redacted]	

Weekly Schedule of Hours for Nursing Services

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Total Hours	[redacted]	

Additional Requested Hours for Services

	Hours/Day	# of Days
School Vacation		
Summer Vacation		
Professional Days		
Holidays		
Snow Days		
Total Hours		

Parent Communication

Our accusers, who illegally took away our children two years ago with lies, now decides what happens to the children whom she has never loved. Government financed vendettas at their best!

Communication will occur between Anna Dickinson (Parent) and _____ (TIS)

on a daily (Frequency) basis by verbal/written (Method) communication.

Parent's Signature _____ Date _____

Kid's Connect Clinician _____ Date _____

ADHD-Report.com

ADHD and brain scans Part 5

The diagnosis of 'ADHD' is, by all accounts, hugely controversial. Therefore, it could reasonably be expected by anyone of average intelligence that, if current brain scan technology was truly capable of determining the presence (or otherwise) of this so-called 'brain disease', every doctor on the planet would be USING IT!

But, they're not.

According to Australian psychologist Rosemary Boon, of Learning Discoveries Psychological Services:

"Paediatricians and psychiatrists make a diagnosis of ADHD based on teacher and parent questionnaires (The Child Behavior Checklist; The Child Attention Problems Scale; The ADHD Rating Scale; The School Situations Questionnaire, and The Connors Teacher Rating Scale-Revised)."

http://home.iprimus.com.au/rboon/EarlyInterventionInquiry.htm

Now, THAT'S about as UN-scientific as you could get. It's certainly a state of affairs that should set alarm bells ringing for all right-minded people. Especially when you take into consideration how LAUGHABLE are the diagnostic criteria to begin with!!

But, what adds injury to insult for many people involved in the case against 'ADHD' is that the extremely dubious methods used to 'diagnose' it are most often followed by methods of treatment that are equally questionable.

Let's find out a bit more now about Ritalin and the other 'psychostimulants' that are so abundantly prescribed in the treatment of children diagnosed with 'ADHD'.

Next, Ritalin

Things to consider:

And who is acting as our sons' guardian now? What are their well established motives? Will they give an assessment which is favorable to our sons?

Brain Scans & ADHD

Part 2

"A study by F. Xavier Castellanos (NIMH) that supported such an idea [that those with ADHD had a smaller brain size] concluded in its comments the following: "Because almost all (93%) subjects with ADHD had been exposed to stimulants, we cannot be certain that our results are not drug related." Paul Leber, of the Food and Drug Administration has stated, "... as yet, no distinctive pathophysiology for [A.D.H.D.] as a disorder has been delineated.""

"Gene R. Haislip of the Drug Enforcement Administration has stated, "We are also unaware that A.D.H.D. has been validated as a biologic/organic syndrome or disease.""

"James M. Swanson, University of California acknowledged, "I would like to have an objective diagnosis for the disorder (A.D.H.D.). Right now psychiatric diagnosis is completely subjective.""

"F. Xavier Castellanos (National Institute of Mental Health) wrote, "I agree that we have not yet met the burden of demonstrating the specific pathophysiology that we believe underlies this condition.""

"William B. Carey, MD, of the University of Pennsylvania, responded, "There are no such articles constituting proof that A.D.H.D. is a disease or syndrome.""

(Extracts from an article published in the Scranton Times [New Jersey, USA])
http://www.geocities.com/Stnektarios/OPINION.html

To make matters even more complicated, it also seems to be the case that errors of perception can easily occur with regard to the nature of 'brain chemistry' in itself...

Next, ADHD & the brain

ADHD-Report.com

ADHD and the brain

Here's an observation from psychologist Joseph Griffin, director of studies at the European Therapy Studies Institute, speaking, in this instance, about clinical depression.

" ... when depressed people start talking about depression, they talk about waking up tired and unable to motivate themselves. All day long they feel low and emotional. Many describe how they have difficulty getting off to sleep because of emotional thoughts going round and round in their heads. And when it is explained to them how they are doing this to themselves, the explanation alone helps - and then the therapy we do with them is primarily aimed at helping them to stop all the negative ruminating. The common explanation that their doctors give them is that there is a chemical imbalance in their brain. But that's a half-truth: the other half is that their low serotonin level is an index that their life isn't working - their needs are not being met and they feel stuck - not that they've got something 'wrong' with their brain chemistry. Brain chemistry is not a cause, it is an effect."

'New Scientist' interview with Joe Griffin, April 12th 2003

Dr. Peter Breggin is the founder of the International Center for the Study of Psychiatry and Psychology (ICSPP) and, for thirty years, has served as a medical expert in many civil and criminal suits including individual malpractice cases and product liability suits against the manufacturers of psychiatric drugs.

Here's his explanation for the apparent confusion in the matter of changes in 'brain chemistry' as they relate to the diagnosis of 'ADHD':

"Advocates of ADHD and stimulant drugs have claimed that ADHD is associated with changes in the brain. In fact, both the NIH Consensus Development Conference (1998) and the American Academy of Pediatrics (2000) reports on ADHD have confirmed that there is no known biological basis for ADHD. Any brain abnormalities in these children are almost certainly caused by prior exposure to psychiatric medication."

Peter R. Breggin M.D.
Testimony September 29, 2000
Before the Subcommittee on Oversight and Investigations
Committee on Education and the Workforce
U.S. House of Representatives

Next, ADHD and Brain Scans Part 4

Ritalin can cause permanent brain damage!

(The following was printed in the British newspaper Telegraph on 12/11/2001 with the byline of David Derbyshire, Science Correspondent - Britain's Telegraph newspaper.

RITALIN, the "chemical cosh" prescribed to about 25,000 British children, triggers changes to the brain long after its calming effects have worn off, scientists report today.
(If long-term effects are unknown then it cannot be deemed safe, much less when given to toddlers.)
Researchers believe that Ritalin is safe, but say that questions remain about its long-term side effects. The changes, which are not fully understood, are similar to those occurring with other forms of amphetamine and also cocaine.

Ritalin is a mild amphetamine prescribed to children with attention deficit hyperactivity disorder. It works on the central nervous system as a stimulant, and as well as calming hyperactive youngsters, can leave some feeling lethargic, depressed or withdrawn.

(The 40% is a 2001 statistic from when this article was published.)
In America, where up to 40 per cent of pupils in some schools are on medication for ADHD, there are concerns that the drug is given inappropriately to naturally boisterous, but otherwise healthy, children. This is a staggering percentage! And it is destined to rise.

Last year, the Government's watchdog, the National Institute for Clinical Excellence, recommended that Ritalin be made available on the NHS for children with serious hyperactivity.

Now scientists at the University at Buffalo, New York, have shown that the drug methylphenidate, the generic form of Ritalin, may have long-term effects on brain function.
Even this doctor who defends Ritalin use, admits that it has the potential for brain damage.
Dr Joan Baizer, who is due to present the study at the Society for Neuroscience in San Diego, California, said: "Clinicians consider Ritalin to be short-acting. When the active dose has worked its way through the system, they consider it 'all gone'.

"Our research with gene expression in an animal model suggests that it has the potential for causing long-lasting changes in brain cell structure and function."
(There is a lack of real evidence on their supposed effectiveness on academic performance or social behaviors,
"Children have been given Ritalin daily for many years, and it is extremely effective and beneficial, but it's not quite as simple as a short-acting drug. We need to look at it more closely." see p. 29 on second letter

Although the changes are similar to those seen with cocaine, there is no evidence that the low doses given to children are likely to lead to addiction. (If it acts like cocaine, there exists the potential for addiction.)
(Unfortunately, several deaths of children show the contrary, and a drug is never safe when it is not even necessary to begin with.)
Br Baizer added: "Ritalin does appear to be safe when used properly, but it is still important to ask what it is doing in the brain." (There is very little data on the long-term adverse reactions, or even of the "benefits" of Ritalin on the so-called ADHD.)

High doses of amphetamine and cocaine switch on certain genes in particular brain cells which alter the way nerve cells work. One of these genes is called c-fos and is known to be involved in movement and motivation in part of the brain known as the striatum.

The team wanted to see if the drug caused c-fos activation in the same parts of the brain, and at the same levels, as the other drugs.

Using young rats as an animal model, they gave one group sweetened milk containing a relatively